



राज्य प्रोग्राम कमेटी (अंधता)

(राज्य स्वास्थ्य समिति)

निदेशालय चिकित्सा एवं स्वास्थ्य सेवाएँ, राजस्थान

स्वास्थ्य भवन, सी-स्कीम, जयपुर

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क्रमांक: अंधता / 15 / 786

दिनांक 5.2.15

मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी,
समस्त।

विषय :- राज्य में नेत्र शिविर आयोजन के लिये अपडेट मापदण्ड।

विषयान्तर्गत राज्य में नेत्र शिविर आयोजन के लिये **Updated Norms of Service Delivery in Eye Care Services** एतद द्वारा प्रसारित किये जाते हैं। यह मापदण्ड तत्काल प्रभाव से लागू होंगे तथा इसकी कड़ाई से पालना कराना सुनिश्चित करें।

ये मापदण्ड राज्य सरकार द्वारा अनुमोदित है तथा विभागीय वेबसाइट www.npcb.nic.in पर भी उपलब्ध है।

निदेशक (जन स्वास्थ्य) एवं अध्यक्ष
राज्य कार्यक्रम समिति (अंधता)
चिकित्सा एवं स्वास्थ्य सेवाएँ,
राजस्थान, जयपुर

क्रमांक-अंधता / 15 /

दिनांक:-

प्रतिलिपि निम्न को सूचनार्थ एवं आवश्यक कार्यवाही हेतु प्रेषित है:-

1. मुख्य कार्यकारी अधिकारी, जिला परिषद, समस्त।
2. निजी सचिव, माननीय मंत्री, चिकित्सा, स्वास्थ्य एवं आयुर्वेद विभाग, राजस्थान, जयपुर।
3. निजी सचिव, प्रमुख शासन सचिव, चिकित्सा एवं स्वास्थ्य विभाग, राजस्थान, जयपुर।
3. संयुक्त निदेशक जोन, समस्त।
4. मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी / प्रमुख चिकित्सा अधिकारी, समस्त।
5. सर्वर रूम।

निदेशक (जन स्वास्थ्य) एवं अध्यक्ष
राज्य कार्यक्रम समिति (अंधता)
चिकित्सा एवं स्वास्थ्य सेवाएँ,
राजस्थान, जयपुर

**NATIONAL PROGRAMME FOR CONTROL OF
BLINDNESS**

**UPDATED NORMS OF SERVICE DELIEVERY IN EYE
CARE SERVICES**

January 2015

NORMS OF SERVICE DELIVERY IN EYE CARE SERVICES (UPDATED IN JAN. 2015)

1. GUIDELINES TO ORGANIZE EYE CAMPS :

- 1.1. The District Programme Committee (Blindness) (called hereafter District Blindness Control Society) shall plan and coordinate eye care services including eye camps to ensure quality and mobilize resources for all activities. District Blindness Control Society shall exercise technical supervision of all eye camps held in districts.
- 1.2. Dy. CM&HO/Block CM&HO/MO Authorized by CM&HO should inspect the camp at least once during operative session.
- 1.3. Chief Medical & Health Officer shall exercise power to grant permission for holding eye camps in districts. Permission should be sought by the organizers on prescribed proforma.

2. ORGANIZATION OF CAMPS :

- 2.1. No Camp should be held without the permission of CM&HO.
- 2.2. The CM&HO shall ensure that the voluntary organization and the team of eye surgeons planning to organize the camp have the requisite experience for conducting such eye camps. Surgeon should have experience of minimum two years of eye surgery after post graduation.
- 2.3. The voluntary organization should have at least 3 yrs. experience in eye care services. must be registered with District Blindness Control Society.
- 2.4. The organizer should give a written undertaking and consent to abide by these rules and conditions.
- 2.5. If the voluntary organization is fresh in the field of eye care services they should tie-up with registered organization. In such case the responsibility should be beared by NGO/ Organization registered with District Blindness Control Society.
- 2.6. The State Programme Committee (Blindness) and the Central Programme Division will periodically review various issues brought up with regard to the

organization of eye camp for critical evaluation and further recommendations.

2.7. Eye Camp Organizing Unit may be -

a) Government Sector

- Medical College/District Hospital/ General Hospital/ Eye Static Center/ Satellite Hospital etc.
- State Mobile Units

b) Voluntary Organization

- Registered with District Blindness Control Society
- Unregistered with District Blindness Control Society but having tie-up with registered NGO.

c) Private Sector

- Charitable Hospitals
- Nursing Homes

3. Registration of Eye Camp Organizing Units

3.1. No organization shall hold camps in the community unless it has been duly registered with the District Blindness Control Society

3.2. The Voluntary Organization who wish to register should have its own/attached hospital with a manpower consisting minimum of one Ophthalmic Surgeon, with supporting qualified staff.

3.3. The Voluntary Organization who wishes to register should be equipped with an operating microscope, A-scan, slit lamp, keratometer and autoclave unit and should have separate changing room, sterilization room.

3.4. Eye camp organizing units shall apply with full particulars for registration to the District Blindness Control Society giving details of their experience, infrastructure, financial status and manpower resources.

3.5. The Voluntary Organization should be capable of bearing all expenses incurred during & after camp, such as advertisement, transportation, medicine, food, shelter and any kind of complication if any occurs during camp.

- 3.6. One who is registered in any District Blindness Control Society will be assumed to have registered in all District Blindness Control Society of the state
- 3.7. The registered organization will always quote registration no. while making communication and would inform to CM&HO about any changes in address and personnel (Doctors & Nursing Staff) etc.
- 3.8. The accounts of registered voluntary organization will be open and available for inspection by District Blindness Control Society and other higher authorities. He will be liable to deliver information as desired time to time.
- 3.9. In event of mishap the voluntary organization will bear cost of treatment.
- 3.10. The registration can be withdrawn, if the standards are not adhered to by the organization.

4. PROCEDURES FOR PERMISSION TO HOLD EYE CAMPS:

- 4.1. The registered NGO does not require repeated permission for holding eye camp in the district of registration but he has to inform concern CM&HO in writing.
- 4.2. NGO registered in one districts can organize camp in adjoining districts with the permission of concern CM&HO. permission is valid for one year.
- 4.3. The permission to hold an eye camp shall be given by CM&HO as per annexure III.

5. RESPONSIBILITIES OF THE EYE SUREGEON-IN-CHARGE OF THE CAMPS:

- 5.1. It is the professional responsibility of the Eye surgeon to plan, implement and supervise the technical component of the eye camp organization. The eye surgeon should be given the task at least 7 days before intended date of camp.
- 5.2. The technique, drugs and instruments routinely used by the surgeons at the base hospital should be used in the camp. (Drugs already used and clinically tested by him)

Following instruction should be strictly followed during camp.

6. GENERAL INSTRUCTIONS:

- 6.1. Only CE/ISO certified IOL / Surgical Blades should be used during camp.
- 6.2. Only glass bottles of Ringar Lectate or Normal Saline should be used so that they can be autoclaved before surgery.
- 6.3. One eyed patient should be operated by senior eye surgeon with extra care these case should be operated before routine operation.
- 6.4. The number of sets of instruments for cataract surgery should be at least three times the number of operating tables.
- 6.5. First follow-up should be 5 days after discharge and Final follow-up should be after 1 month, for eye examination, suture removal, refraction, distribution of glasses etc.
- 6.6. Major systemic illness like Cardiac illness, severe Hypertension, Diabetes, severe Asthma etc. should be Controlled before operation.
- 6.7. One sample of each of the packed drug used intra occularly during surgeries should be saved for lab examination if needed. should be saved for one month.
- 6.8. Extra ocular surgery/infected surgery should be performed in the last.
- 6.9. The CM&HO and State Programme Officer should be immediately informed about any untoward happening in the camp and remedial measures taken by him.
- 6.10. Drugs of GMP certified companies should be invariably used for indoor patients. These drugs should be purchased from company distributor or whole sale agent.

7. TECHNICAL ASPECT :

7.1 Selection of Camp Site

CM&HO will indentify 3-4 more Static center in District. The identified Static Centre may be medical college (Govt./Private), private/NGO Hospitals, District Hospital, General Hospital, Eye Care Center Hospital, constructed by World Bank, Satellite Hospital In selection of Static Center preference should be given to the centers having eye surgeon.

Registered N.G.O., Mobile Units and MRS can organize camps on these indentified Static Centers. No Dharamshala /School /Community hall / Mandir would be permissible to hold eye O.T. any condition.

7.2 Duration of camp:

The minimum duration of eye camp shall be 3 days out of which 2 days would be post operative and 1 day for preoperative preparation. Patient can be operated on same day after minimum two installations of 5% betadine at a interval of 2 hours Patient should be discharged only after 2 dressing at interval of 24 hours. If patient is not getting expected vision after surgery than such patient should be evaluated and should immediately be referred to the higher centers if needed.

7.3 No. of Operations:

One Ophthalmic Surgeon should not perform more than 50 operations per day and there should not be more than 100 operations in one O.T. per day even if more than two surgeons are operating in the same O.T.

8. STERILIZATION IN OPERATION THEATRE :

- 8.1. In new O.T. complex microbial study is must with permissible bacterial count. it can be out sourced.
- 8.2. Strict asepsis of hands and instruments must be adhered to.
- 8.3. Masks, OT slippers and caps must be worn by all the people permitted inside the OT and they should not be taken out of the O.T.

- 8.4. Excessive or unnecessary movement of personnel must be avoided in OT. Unauthorized persons should not be permitted in the theatre.
- 8.5 A proper fumigation record of O.T. should be maintained.
- 8.6 The responsibility of fumigation is of PMO / CHC incharge and incharge of O.T. and nursing incharge of O.T.
- 8.7 OT to be washed / scrubbed before use and surfaces carbolized.
- 8.8 O.T. should be fumigated twice in a week with the of mixture of H₂O₂ and Silver Nitrate Solution or with an equivalent fumigating solution in proportion.
- 8.9 Fumigated Theatre should be closed for at least 12 hours before operation.
- 8.10 Fumigation should be done twice on two consecutive days before conducting camp surgery.
- 8.11 In high volume surgery the theater should be fumigated every day.
- 8.12 The fixed machine used in O.T. should be fumigated along with O.T.
- 8.13 All non cutting instruments should be autoclaved with standard procedure.
- 8.14 Cutting instruments should be kept in cidex or equivalent potent solution like karsolex etc. for at least 8 hours.
- 8.15 In between surgeries these instruments should be kept in cidex or karsolex etc. for 10 minute and should be thoroughly washed with distilled water before use.
- 8.16 Ringar lactate inj, Normal Saline, Inj. Methyl Cellulose, Inj. Adrenaline, Inj. Pilocarpine etc. should be auto claved using auto clave stripes before use.

9. STADARIZATION OF OPERATION THEATRE :

- 9.1. Eye O.T. should have three level barriers.
- 9.2. Eye Operation Theatre should be located away from OPD and it should be Air Tight preferably with A.C. Use of exhaust fan is not permissible
- 9.3. Eye Operation Theatre should be separate from general O.T. If it is not then eye surgery should be performed on first day after O.T. fumigation. The operation theater of these Static Center will not be

utilized for any other purpose for at least three days before the eye camps.

- 9.4. Eye Operation Theatre should have separate changing room, sterilization room and there must be a gap of four feet between two O.T. Tables.
- 9.5. Table-wise and Doctor-wise operation record should be maintained if possible.
- 9.6. Cleaning and bleaching of overhead water tank should be done regularly.
- 9.7. Frequent changes of gloves and use of germicidal solution for hand wash should be done.

10. EMERGENCY SUPPORT :

- 10.1. The Operation theatre should be equipped with life saving drugs like Inj. Sodabcarb, Inj. Adrenaline, Inj. Dexamethasone, Inj. Atropine, Inj. Aminophylline, Inj. Hydrocortisone, Inj. Dopamine, Inj. Noradrenaline, Inj. Avil, Inj. Diazepam etc. and equipments e.g. Oxygen Cylinder and Ambu bag.
- 10.2. Qualified physician or anesthetist should be available in the campus during surgery.

11. STANDARDS FOR IN-PATIENT WARD :

- 11.1. Separate Wards are to be provided for male and female patients.
- 11.2. Clean sheets should be provided for each bed.

12. PRE-OPERATIVE INVESTIGATION/ PREPARATIONS:

- 12.1. On admission for surgery, the following investigation should be performed -
 - a) Check up for systemic illness like Diabetes, COPD, Hypertension & Cardio Vascular Condition, etc.
 - b) Ocular Examination - Visual Acuity (both eyes), Complete Ophthalmoscopic Examination, Intra-ocular Pressure recording if needed, Lid and Sac related condition.
- 12.2. Antibiotic drops should be instilled hourly in both eyes from at least 24 hours before surgery. during waking hours preferably.
- 12.3. Patient should wash his face with mild soap.

- 12.4. Minimum two installation of Betadine solution 5% should be done at a interval of 2 hours before operation.
- 12.5. Surgery Can take place on the same day of admission and pre operative vision of patient should be recorded on CSR as well as on discharge ticket, an informed consent should be taken for each patient.

13. POST-OPERATIVE CARE :

- 13.1. Sub-Conjunctival Inj. of Antibiotics and steroids in proper dose should be given at the end of surgery.
- 13.2. The dressing should be done either by operating surgeon or Doctor in-charge of surgical team.
- 13.3. Systemic antibiotics should be given for at least three post operative days.
- 13.4. Topical antibiotics and anti-inflammatory-steroidal / non steroidal agents to be given post-operatively for at least one month.
- 13.5. Personal hygiene to be emphasized and patient should be instructed to avoid Dust and Smoke.

14. DISCHARGE FROM CAMP :

- 14.1. Vision at discharge should be taken and recorded on CSR and discharge ticket. If the patient is/are not having expected vision than he/they should be thoroughly examined, investigated and treated. Surgical team & NGO's will be responsible for treatment of such patients.
- 14.2. Dark glasses to be dispensed at the time of discharge.
- 14.3. Names and address of operating surgeon & NGO team with contact no. should be printed on discharge ticket.
- 14.4. The discharge sheet should include the follow-up date & messages in form of do's and don'ts and post-operative instruction in Hindi language on standardized format. (Annexure-IV)
- 14.5. Each patient photograph must be uploaded in MIS website www.npcb.nic.in

15. FOLLOW-UP EYE CAMP :

Follow up can be done by any of operating surgeon base hospital of OPD place for Visual acuity assessment, prescription of glasses and further advice. Visual status

should be recorded on CSR and discharge ticket. Information of date and place of follow up should be clearly mentioned on discharge ticket.

16. DOCUMENTATION :

16.1. Essential documentation - name of the patients, age, sex and caste, BPL should be entered in a register with father's/husband's name, full address, diagnosis, treatment given and visual result. GOI health ministry has developed a MIS in its pursuit of getting real data in respect of various activities undertaken under the NPCB and ensuring accountability and transparency in respect of number of cataract done and other eye diseases treated at various levels and funds utilized. Website :- www.npcb.nic.in

16.2. Operative and post-operative complications if found, any re-operation done should be noted on CSR/Discharge ticket.

16.3. Brief report of each eye camp should be prepared by the ophthalmic surgeon-in-charge of the eye camp and submitted to the District Blindness Control Society Payment should be allowed only after ratification.

16.4. In case of screening camp conducted in one district and surgeries are performed in another district. the organizer should take permission from both CM&HO's however the payment for the operated cases will be made by district CM&HO's where the surgeries are performed.

Conditionality given in PIP 2013-14, 2014-15 (NPCB) GOI

16.5. Payment of Rs. 1000/- will be made to NGO per operated case if the NGO has used all facilities of their own like drugs & Consumables, Sutures, Spectacles, Transports/POL, Organization and publicity and IOL, Viscoelastics & addl. Consumables including their own eye hospital and Doctors.

16.6. No. Payment should be released toward reimbursement to be made to NGO's if data entry in the NPCB Website :- www.npcb.nic.in MIS has not been made and approved by DPM.

16.7. Please see office order no./Blindness/15/775 Dated 27.01.2015 from DM&HS Jaipur regarding organizing free cataract operation camp using Govt. facilities through medical relief society Website :- www.rajswasthya.nic.in important letter.